

MAY 24 2006



## FAX COVER PAGE

DATE: May 24, 2006

PAGES INCLUDING THIS PAGE: 20

TO: United States Patent and Trademark Office  
 COMPANY: Examiner Robert W. Amareld Jr., Group Art Unit 3738

FAX NUMBER: 571-273-8300  
 PHONE NUMBER:

FROM: Douglas A. Collier

DIRECT DIAL: (317) 238-6333  
 FAX NUMBER: (317) 636-1507

RE: Response to Office Action for U.S. Patent Application No. 10/720,656 to George Frey

COMMENTS: I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

May 24, 2006  
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Douglas A. Collier  
 Name of Registered Representative

Signature

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Client Matter No.: 333 MSDI-247

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KD\_IM-704324\_1.DOC

MAY 24 2006

002/020

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. CMS 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>	Application Number	10/720,658	
	Filing Date	November 24, 2003	
	First Named Inventor	George Frey	
	Art Unit	3738	
	Examiner Name	Robert W. Amarel, Jr.	
(to be used for all correspondence after initial filing)		Attorney Docket Number	MSDI-247/PC845.00
Total Number of Pages in This Submission	19		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Krieg DeVault LLP		
Signature	<i>Douglas A. Collier</i>		
Printed name	Douglas A. Collier		
Date	May 24, 2006	Reg. No.	43,558

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Douglas A. Collier</i>		
Typed or printed name	Douglas A. Collier	Date	May 24, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAY 24 2006

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0851-0032

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 200.00

**Complete if Known**

Application Number	10/720,858
Filing Date	November 24, 2003
First Named Inventor	George Frey
Examiner Name	Robert W. Amarello, Jr.
Art Unit	3738
Attorney Docket No.	MSDI-247/PC845.00

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 12-2424 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
58	5% or HP = 0	60.00	0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
5	4 or HP = 1	200.00	200.00

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
-	-	-	-	0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature

Registration No. 43,556  
(Attorney/Agent)

Telephone 317-838-4341

Name (Print/Type) Douglas A. Collier

Date May 24, 2006

This collection of information is required by 37 CFR 1.158. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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005/020

MAY 24 2006

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re patent application of:	)	Before the Examiner:
George Frey	)	Robert W. Amareld, Jr.
	)	
Serial No.: 10/720,656	)	Group Art Unit:
	)	3738
Filed: November 24, 2003	)	
	)	Atty Docket No. MSDI-247/PC845.00
	)	
DISTRACTION AND RETRACTION	)	May 24, 2006
SYSTEM FOR SPINAL SURGERY	)	

**RESPONSE TO FIRST OFFICE ACTION**

Commissioner of Patents  
P.O. Box 1450  
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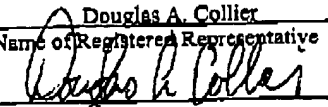
Sir:

In response to the non-final office action mailed February 24, 2006, in the above application, please consider the following. Additional claim fees are enclosed herewith. Please provide any extensions of time that may be necessary and charge any fees that may be due to Deposit Account No. 12-2424, but not to include any payment of issue fees.

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

May 24, 2006  
Date of Transmission

Douglas A. Collier  
Name of Registered Representative

  
Signature

May 24, 2006  
Date of Signature

05/24/2006 TL0111 00000052 10720656

01 FC:1201

200.00 OP

Response to First Office Action

USSN 10/720,656

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